

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003069

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

310

Primary Registration District No.

3058

Registrar's No.

20

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No.

310

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STATE FILE NUMBER

FILED JAN 31 1963

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Charles, Missouri.Length of stay in 1b
4 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Joseph HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR
TOWN Pine LawnInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4219 Beachwood Avenue.,

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

James

Paul

Keller

4. DATE
OF
DEATH

Month

Day

Year

January 19

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/29/62

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

1

10

1

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

None - Infant

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

St. Charles, Missouri,

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Francis E. Keller

13b. MOTHER'S MAIDEN NAME

Velda Unterreiner

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)
No Nil

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Francis E. Keller, 4219 Beachwood Ave.,

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute BRONCHITIS

DUE TO (b)

CONG. HEART. DISEASE

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

MONGOLISM

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-18-63 to 1-19-63 and last saw him alive on 1-19-63

Death occurred at 3:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

ST. CHARLES

22c. DATE SIGNED

207 N. FIFTH ST.

mo. 1-19-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

1/20/63

23c. NAME OF CEMETERY OR CREMATORY

Local

23d. LOCATION (City, town, or county)

Perryville, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Albert H. Hoppe, Inc., 4700 Washington Blvd., Jan 19, 1963

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.